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| 2 TRA | NSACTIO | N CHA | RGES | FOR | APPI | _ICAT | IONS | THR | OUG | I DIST | RIBU | TOR | S/AGE | ENTS | ONLY | (Plea | se tic | k any o | ne of t | he bel | ow) | | | | | | |
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| 4 DEM | AT ACCO | UNT C | ETAIL | | Please e ompuls | | | | | | mentio | ned in | the appl | ication | form ma | tches v | with tha | it, of the | accoun | t held ir | depos | itory pa | rticipan | t. Demat | Accour | t details | s are |
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| Gross | Annual Inco | ome | | Below 1 | | | · 10 La | | | 25 Lacs | | | Net-w | | ar moute | ation | | 1414 | | 14011 | ropui | шиыс | | | | Culci | |
| | | | | - 5 La | | | - 25 L | | | Crore | | | | | n-Individual | | | | | is on (N | | | | DI | | Y | Υ |
| | ally Expose Individual In | | | | | | | | | | moters/ | Karta/ | Fore | eign E | xchang | je / Mo | oney | • | er Serv | /ices | | | y Lend | ing / P | ot Appl awning | | |
| # Pleas | se attach pro | oof. Ref | er instru | uctions | page r | oint XI | I - PAN | I/PERI | N and I | KYC | | L | _ Gan | ning / | Gambli | ing / L | ottery | / Casi | no Ser | vices | | None | of the | Above | | | |
| Acknowl | edgement | Slip (| To be fi | illed in | by the | inves | tor) | | | | | | | | A | pplica | ation | No. | | | | | | | | | |
| Received | from Mr./Ms | s./M/s. | | | | | | | | | | | | | | - Prive | | | _ | | Coll | ection | | e's Star and Tin | | Receipt | t |
| An applica | ition for Sch | neme: | | | | | | | Plan | ı: | | | | | Option: | | | | | | | | Date i | and III | | | |
| Cheque/D | | | | | | Dated | i : _ | | | | Aı | moun | t (Rs.) | | | | | | | | | | | | | | |
| | Bank and B | Branch | : | | | | | | | | | | | | | | | | | | | | | | | | |
| Please not | te : All Purc | hases | are sub | oject to | realis | ation o | of Che | ques/l | DD. | | | | | | | | | | | | | | | | | | |
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| 7 | JOINT APPLICANT | DETAILS | | | | | | | | | | | | | | | | | | |
|---|-----------------------------------------------------------------------------------------------|-----------------------------------------------|--------------------------------|--------------------------|--------------------|---------|------------------|--------------|---------------|-------------|-----------------------------|---------------|-------------|--------|------------------|-----------|----------|------------------|-----------|---------|
| а | NAME OF SECOND A | PPLICANT | Mr. Ms. | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| | PAN/PERN # | | | | | | KYC Pr | oof# | | Date o | f Birth/Dat | e of Inco | orporation | n | D | D | M | IVI | Υ | Υ |
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| | Aadhaar No | | | | | | | includii | ng demo | graphic | r number I p information | with the | asset mar | ageme | nt comp | oanies o | of SEBI | registere | ed mutu | al fund |
| | Gross Annual Income | Delem 41 ee | | 7 . 05 ! | - 40 | D-III | | | | | Transfer Ag | ent (RIA |) for the p | urpose | | | same i | in my / oi | ur tolios | |
| | Gross Armaar moonic | Below 1 Lac | 5 - 10 Lacs 10 - 25 Lacs | >25 Lac | s - 1 Crore | | cally Exp | | | | lus (arta/ Trustee/ Wi | ole time Dire | ctors) | H | I am P I am R | | to PEP | No | t Applic | able |
| | Father's Name | | | | | | | | | | | | , | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| | Occupation (of first/sole Applicant) | Business | Professional | П | ouse Wife | | Agric | ulture | | Servic | ce _ | Stude | ent | | Retire | d | | Others | | |
| b | NAME OF THIRD APP | LICANT | Mr. Ms. | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| | PAN/PERN # | | | | | | KYC Pr | oof# | | Dat | e of Birth/l | Date of I | ncorpora | ation | D | D | M | IVI | Υ | Υ |
| | CKYC Id | | | | | | | | | | | | | | | | | | | |
| | Aadhaar No | | | | | | | includii | ng demo | graphic | r number I p | with the | asset mar | ageme | nt comp | oanies o | of SEBI | registere | ed mutu | al fund |
| | | | | | | | | and the | eir Regis | trar and | Transfer Ag | ent (RTA |) for the p | urpose | of upda | iting the | same i | in my / oı | ır folios | |
| | Gross Annual Income | Below 1 Lac | 5 - 10 Lacs | | s - 1 Crore | | cally Exp | | , | , | | | | H | I am P | | اء DED | □ Na | 4 Annlie | abla |
| | Father's Name | 1 - 5 Lacs | 10 - 25 Lacs | >1 Crore | • | (Also a | pplicable for a | uthorised si | ignatories/ F | romoters/ K | arta/ Trustee/ Wi | ole time Dire | ctors) | | ı am ĸ | elated | TO PEP | NC | t Applic | able |
| | rather's Name | | | | | | | | | | | | | | | | | | | |
| | Occupation (of first/sole Applicant) | Business | Professional | П | ouse Wife | | Agric | ulture | | Service | ce | Stude | ent | | Retire | d | | Others | | |
| 8 | Power of Attorney | (BOA) | | | | | | | | | | | | | | | | | | |
| • | NAME OF POA | (I OA) | Mr. Ma | M/s. | | | | | | | | | | | | | | | | |
| | NAME OF FOA | | Mr. Ms. | IVI/ 5. | | | | | | | | | | | | | | | | |
| | PAN/ | | | | | | | | | | | | | | | | | | | |
| | PERN# | | | | KYC P | roof # | ŧ | | | | | | Date of | Birth | D | D | IVI | IVI | Υ | Υ |
| 9 | *FATCA INFORMA | TION/ FOREIGN T | 「AX LAWS (For In | dividual ind | cluding Sole | Prop | rietor) (F | or Non | ı-indivic | lual, ma | andatory to | fill up F | ATCA CI | RS for | m) (Re | fer ins | truction | n) | | |
| | Place of Birth | | | | Country of | of Bii | rth | | | | | | | | | | | | | |
| | Nationality Ind | lian U.S. | | | Tax Resid | | Addre | ss (for | | Addres | ss) | F | Residen | tial | | | Regis | stered | | |
| | Are you a tax reside | 1 27 | sessed for Tax) ir | any oth | | | ide Indi | a? | | Yes | | No | | | | | | | | |
| | If 'No' please proce | ` ' | , | , | , | | | | | | | | | | | | | | | |
| | If 'YES', please fill the Resident in the response | , | other than India) | in which | you are R | Resid | ent for | tax pu | ırpose | s i.e., | where ye | ou are | a citize | n / Re | esider | nt / Gr | reen (| Card H | older | / Tax |
| | Applicant Details | Country of Ta | ax Residency | | Tax Ident Funct | | ion Nu Equiva | | | | ntificatio other, plea | | | | | | | olease define | | |
| | Applicant 1 | | | | | | | | | | | | * | Reas | on A | | В | С | | |
| | Applicant 2 | | | | | | | | | | | | * | Reas | on B | | В | С | | |
| | Applicant 3 | | | | | | | | | | | | * | Reas | on C | | В | С | | |
| | * Reason A The countr * Reason B No TIN rec * Reason C others; ple Declaration: | quired. (Select this rea | ason Only if the auth thereof. | orities of th | ne country o | f tax r | esidenc | e do no | ot requi | re the T | IN to be c | , | | -1-1-1 | -61 | | :1-1 | - 641- | | |
| | I hereby confirm that the submitted above. I also about any changes / many intermediary or by | o confirm that I have nodification to the abo | read and understoo | d the FATO ure within | CA & CRS T | erms | and Co | nditions | s below | and he | ereby acce | pt the s | ame. I a | lso un | dertak | e to ke | ер уо | u inform | ed in v | vriting |
| | # Please attach proof. | Refer instructions pag | ge point XII - PAN/PI | ERN and K | (YC | | | | | | | | | | | | | | | |



| 10 | *BANK ACCOUNT DETAILS (Please attach copy or | cancelled cheq | ue) For register | ing Multiple Bai | nk Accounts pleas | e fill up "Registration | of Multiple Bank A | count" Form | |
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| | Name of the Bank : | | | | | | ınch: | | |
| | Assessed Times (Planes (TA) OD Ourseld Ourseld | 0 | FOND | | count Number : | | | | |
| | Account Type (Please ☑) ☐ SB ☐ Current ☐ NR | O NRE | FCNR | ACC | | | | | |
| | Branch Address : | | | | City: | | | Pin: | |
| | IFSC Code : | . 100/ 11 1-0 | h -1 4440 - h - ll 1 h | | | | Code: | | |
| | AMC reserves the right to use any mode of payment deemed appropriat | e. I/vve understand ti | nat AIVIC snall not b | e responsible if trar | isaction through DC/R | TGS/NEFT could not be cal | ied out because of inc | omplete or incorrect | information. |
| 11 | *INVESTMENT DETAILS I/We would like to inve | st in the follow | ing scheme o | of Navi Mutua | l Fund Scheme | :: | | | |
| | Scheme : Navi | | | Plan | Reg | gular | Direct | | |
| | Option Growth Dividend | | | Sub-Opti | on Div | idend Payout | Dividend Re | investment (def | ault) |
| | In case of any ambiguity / incomplete information, the def | | | | | | emorandum, Sch | eme Information | Document & |
| | Statement of Additional Information. Please see the Plan, | Option and Divi | dend policy det | ails in the SID/l | KIM before filling in | n the above details. | | | |
| | Dividend Frequency | | | | | | | | |
| 12 | *PAYMENT DETAILS (In case of DD, please pro | /ide us specifi | c declaration) |) | | | | | |
| | Mode of Payment Cheque DD | Fund Transfer | Othe | rs | | Please sp | ecify | | |
| | Cheque/DD No. | | | | | Date D | D M M | YY | YY |
| | Gross Amount (Rs) | | DD Charges | (Rs) | | Net Amo | unt (Rs) | | |
| | Drawn on Bank & Branch | | | | | Account Type | SB Current | NRO N | NRE FCNR |
| | | | | | | тистин тург | | | |
| 13 | SYSTEMATIC INVESTMENT PLAN (SIP) PAYM | ENT TYPES (| Please select | any one opt | ion) | | | | |
| | SIP through Post Dated Cheques (Please fill & submit w | ith this form) | SIP through Aut | o Debit (ECS) (| Please fill up enclo | sed SIP Auto Debit (EC | S) Form & submit | with this form) | |
| 14 | NOMINATION DETAILS (Please refer to Instruction | ns page, point | NO VII) In case o | of existing investo | or, nomination details | mentioned in the below t | ble will replace the e | xisting details regi | stered in the folio |
| | Nomination Required YES NO | | | | | | | | |
| | Nominee Name | Relationshi | ip Date of I | Birth Gu | ardian Name | Allocation S | gn of | Sign of | Sign of |
| | | with Nomine | | | Nominee is Minor) | | | lominee | Applicants |
| | | | | | | | | | 1st App. |
| | | | | | | | | | 2nd App. |
| | Please note that if you do not furnish any nomination details, it i | a doomed to be as | noumed that you | to not wish to no | minata anyona | | | | 3rd App. |
| | Prease note that if you do not furnish any nonlination details, it is | s decined to be as | ssumed that you t | JO HOL WISH TO HO | minate arryone. | | | | |
| | | | | | | | | | |
| 15 | HOW DO YOU WISH TO RECEIVE THE DOCUI | . , , , | ase ☑) | | | | | | |
| 15 | I/We wish to "Opt In" for receiving the following in Physica | l Copy | ase ☑) | | | receive the Account | | | ulavalam. |
| 15 | I/We wish to "Opt In" for receiving the following in Physica | . , , , | ase ☑) | | | receive the Account (Default option) | Statement in (any Bengali | | ılayalam |
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| 16 | I/We wish to "Opt In" for receiving the following in Physica Annual Reports/Abridged Summary DOCUMENTS ENCLOSED (Please ☑) Resolution/Authorisation to invest Trust Deed Bye-laws Par Copy of PAN Card KYC PIC *DECLARATION AND SIGNATURES I/We have read and understood the contents of the Statement of Additional In | of Authorized Sitnership Deed Card | ignatories with S Overse Foreign | eas Auditor Cern Inward Remit | English atures titificate tance Certificate | (Default option) Memorand Notarised I Special Pro | Bengali Im & Articles of As OA Co duct Form (SIP / S | ssociation by of cancelled of | cheque P) |
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Website: navimutualfund.com
 Toll free : 18002032131 Non Toll Free: +91 81475 44555



SYSTEMATIC INVESTMENT PLAN (SIP) (Applicable for Lumpsum Additional Purchase as well as SIP Registration) LUMPSUM / SIP AUTO DEBIT / NACH / ECS FORM (for Lumpsum Investment please fill 6) New Investor are requested to fill in the Common Application form. First SIP Cheque and subsequent via Auto Debit in selected cities only.

| | ARN CODE / RIA | Sub Broker ARN Code | Employee Unique | Indentification Numb | er (EUIN)* SUB | B-BROKER CODE / AGE | ENT CODE | DATE & TIME OF RECEIPT |
|---------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| ARN-146 | | e paid directly by the Investor | to the AMFI registered di | stributors based on the i | vestor's assessment of | various factors including t | he service render | FOR OFFICE USE ONLY ed by the distributor |
| * I/We hereby confirm th | at the EUIN box has b | | me/us as this is an "exec | ution-only" transaction wi | hout any interaction or a | dvice by the employee/rel | lationship manage | r/sales person of the above distributor |
| Sole /1st Applicar | nt/Guardian/Authorised | d Signatory/POA Holder | 2nd Applica | nt/Authorised Signatory/F | OA Holder | 3rd App | licant/Authorised S | ignatory/POA Holder |
| 2. REGISTRATIO | N CUM MANDA | ATE FORM FOR SIP TI | HROUGH NACH, | AUTO DEBIT OR | ECS (Debit Clearing | g/Auto Debit) | | |
| (Please ☑) * if you are a new inv | New Registration vestor kindly fill the | * Renewal SIP common application form | Change in E | Bank Details | Cancellation of SIP | Micro SIP | | |
| 3. TRANSACTION | N CHARGES FO | OR APPLICATIONS TH | ROUGH DISTRIE | BUTORS/AGENTS | ONLY (Please tick | any one of the belov | v) | |
| | | Investor in Mutual Funds of charges for transaction of Rs. | | OR | | m an Existing Investor ducted as transaction charg | | |
| If the total commitment of | f investment through S | | Rs. 10,000/- or more and | I your AMFI registered Dis | tributor has chosen 'opt in | n' option of charging transa | ction charge, the s | ame are deductible as applicable (refer |
| UNITHOLDING | | | - | | | are compulsory if dema | | .) |
| NSDL Dep | pository Participant | t Name | | | Enclo | sures | | |
| CDSL DP | ID Number | | | | Client | Master List Del | livery Instruction | Slip |
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| 4. INVESTOR AN | D INVESTMENT | T DETAILS | | | | | | |
| Sole/First Investor I | Name Mr | r. Ms. M/s | | | | | | |
| PAN/PERN | | | | | | KYC Proo | f | |
| CKYC Id Aadhaar No. | | | | By s | haring the Aadhaar nu | mber I provide my conse | ent for sharing / | disclosing of my Aadhaar number(s) |
| 1 | | | | inclu | ding demographic inforn | nation with the asset mana Agent (RTA) for the purpor | agement companie | es of SEBI registered mutual fund and |
| Folio/Application No. | | | | Existing Investors | please mention Folio | No. | | · |
| Scheme | | | | | | | | |
| Plan | Direct | Regular Option | n: Growth | Dividend | Sub Option: D | ividend Reinvestment | (default) | Dividend Payout |
| Divdend Frequency In case of any ambiguity | v / incomplete informa | ation, the default plan / option | sub-option will be appli | cable as per the scheme | s Kev Information Mem | orandum. Scheme Inform | ation Document & | Statement of Additional Information . |
| Please see the Plan, Op | otion and Dividend pol | licy details in the SID/KIM befo self certification under Fato | re filling in the above det | ails. | • | | | |
| 5. SIP DETAILS (| Please tick on any | 1 SIP frequency only.) | | | | | | |
| Each SIP Amount (R | s) | | | | | | | |
| First SIP Cheque No | | | | mount (Rs) | 04-4 D-4- | | Cheque Date | |
| Frequency | Fortnightly Every Alternate Wednesday | Preferred Debit Date (Any | rterly Half Ye date except 29, 30 a | | SIP Period Start Date | M M Y | Y End E | Perpetual |
| | | provided below. Please allow minir ACH instruction page for furher cla | | ebit to register and start). E | ch of the SIP installment e | excluding initial cheque shoul | ld be of the same ar | nount & there should be a gap of 30 days |
| I/We hereby, authorise N | lavi Mutual Fund and t | their authorised service provide | rs, to debit my/our followi | | | | | |
| I/We hereby declare that the incomplete or incorrect information understood the contents of | he particulars given about mation, I/We would not SID/KIM/SAI, I/We hereby | ove are correct and express my w hold the user institution responsible by apply for the respective units of N | illingness to make payment e. I/We will inform Navi Mut avi Mutual Fund Scheme at | referred above through pa ual Fund about any change NAV based resale price and | ticipation in Lumpsum NA(in my bank account. I/We agree to abide by terms, co | CH/ECS/Auto debit. If the tra have read and agreed to the nditions, rules and regulation | ensaction is delayed terms and condition of the scheme (s). | or not executed at all for any reasons of is mentioned overleaf. I/We have read and |
| Signature(s) | 1st Applicant / Gua | ardian / Authorised Signato | ıry | 2nd Applicant / Auth | orised Signatory | | 3rd Applicant / / | Authorised Signatory |
| To be signed by ALL | UNIT HOLDERS if | f mode of holding is Joint | | | | · | | |
| | | RECT DEBIT / MANDA | TE INSTRUCTION | NS FORM (applical | le for LUMPSUM ad | lditional purchase as | well as SIP reg | jisteration) |
| navi mutual fund | UMRN | | | | | Date | D D | M M Y Y Y |
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| Tick (✓) CREATE I/W | le hereby authorize | NAVI MUTUAL FUND | | | to debit (Tick | (☑) SB CA | CC OSB-NF | E O SB-NRO Other |
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| Reference 2 | Scheme / Plan: | | | | | Email ID | | |
| • | | charges by the bank whom I | am authorizing to deb | it my accounts as per l | test schedule of charg | ges of the bank. | | |
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| Or | Until Cancelle | | | as in bank records | | ne as in bank records | 3 | Name as in bank records |
| | | tion has been carefully read, under this mandate by appropriate | | | | | | |
| Acknowledgment Slip Received from Mr./Ms./ | (To be filled in by the | e investor) | | SIP throu | gh Lumpsum / ECS / A | uto Debit Form | | navi |
| | /M/s. | e investory | | On thiod | gii Luiiipauiii / LOO / A | tato Debit i omi | | MUTUAL FUND |
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Website: navimutualfund.com
 Toll free: 18002032131 Non Toll Free: +91 81475 44555

mf@navi.com



| DIGTRIBUTE | FOR / ARN CODE | / RIA | Sul | b Broker A | ARN Code | E | Employe | ee Uniq | que Inder | tification | | | | | CODE | | ODE | DA | TE O T | IME OF | RECEIPT |
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| TRANSACTIO | ON CHARGE | ES FOR A | APPLIC | ATIONS | S THRO | UGH DIS | STRIE | вито | DRS/AC | SENTS | ONL | Y (Please | e tick | any on | e of the | below | r) | | | | |
| | that I am a First | | | | | | | | OF | ₹ □ | | an Existir | | | | | | | | | |
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| INVESTOR A | | | IAILS | | | | | Mr. | M: | 0 | M/s. | | | | | | | | | | |
| NAME OF FIR | O 1/30LE AF | FLICANT | | | | | | IVII. | IVI- | S | IVI/S. | | | | | | | | | | |
| PAN/PERN # | <u> </u> | | | | | | | | KYC F | Proof # | | | | | | | | | | | |
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| Father's Name | e/Name of G | uardian (ir | n case o | f Minor) | / Contac | ct Persor | n (in ca | ase of | f non in | dividual | applic | cant) | Mr | | Ms. | | | | | | |
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(Regular Encashment Plan is only a feature for regular withdrawal from the Scheme and shall not be construed as an assurance or guarantee of returns)

| This facility allows investors to redeem a fixed sum of m investor. | oney periodically at the prevailing NAV, subject | to exit load, if applicable, depending on th | e option chosen by the |
|----------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|------------------------------------------------------|------------------------|
| Date: | | | |
| I/We wish to avail the Regular Encashment Plan under C | Growth option of the scheme opted below: | | |
| Folio No. / Application No. | | | |
| Name | | | |
| ☐ Direct Plan ☐ Regular Plan | | | (Please tick any one) |
| NAVI | | | |
| Regular Encashment Plan Dates: 1st 7th | 10th | | (Please tick any one) |
| Start Date: M M Y Y Y Y End D (Atleast 1 month from the date of request) | ate: M M Y Y Y Y | OR Till I/We instruct to discontinue | |
| Regular Encashment Plan Option: 6.00% p.a. (% of the Regular Encashment Plan investment amount as per ch | 7.50% p.a. 9.00% p.a. oice of the investor will be considered as per annum, the | ne default option will be 6.00% and date will be 7th | (Please tick any one) |
| Regular Encashment Plan Investment Amount: | | (Please specify) (Minimu | m amount is ₹ 1 lakh) |
| Sole /1st Applicant/Guardian/Authorised Signatory | 2nd Applicant/Authorised Signatory | 3rd Applicant/Authorise | d Signatory |
| | To be signed as per Mode of (To be signed as per Mode | e of Holding)) | |
| PPLICATION FOR REGULAR E | | nav MUT | UAL FUND |
| I/We wish to avail the Regular Encashment Plan under C | Frowth option of the scheme opted below: | | |
| Folio No. / Application No. | | | |
| Name | | | |
| Direct Plan Regular Plan NAVI | | | (Please tick any one) |
| Regular Encashment Plan Dates: 1st 7th | 10th | | (Please tick any one) |
| Start Date: M M Y Y Y Y End D (Atleast 1 month from the date of request) | ate: M M Y Y Y Y | OR Till I/We instruct to discontinue | |
| Regular Encashment Plan Option: 6.00% p.a. (% of the Regular Encashment Plan investment amount as per ch | 7.50% p.a. 9.00% p.a. oice of the investor will be considered as per annum, the | ne default option will be 6.00% and date will be 7th | (Please tick any one) |
| Regular Encashment Plan Investment Amount: | | (Please specify) (Minimu | m amount is ₹ 1 lakh) |



(Toll free : 18002032131 Non Toll Free: +91 81475 44555



mf@navi.com



Details of FATCA and CRS information (For Non-Individuals / Legal Entity)

| AF | PPLICANT DETAILS | | | | | | | | | | | | | | | | | | | | | | | | | |
|-------|----------------------------------------------------------------|---------|-------------|------------|----------------|----------|---------|--------|----------|---------|---------|----------|-----------|---------|---------|-------------|-------------|--------|---------|---------|---------|--------|----------|--------|----------|-------|
| NA | ME OF THE ENTITY | | | | | | | | | | | | | | | | | | | | | | | | | |
| TY | PE OF ADDRESS GIVEN AT KRA | | Residen | tial or l | Busine | ss | | Re | sident | ial | | В | usines | s | | F | egiste | ered | Office | Э | | | | | | |
| CU | STOMER ID / FOLIO NO | | | | | | | | | | | | | | | | | | | | | | | | | |
| PA | N | | | | | | | | | | | DATE | OF INC | ORI | POR | ATION | D | D | / | IVI | IVI | | Υ | Υ | Υ | Υ |
| CIT | Y OF INCORPORATION | | | | | | | | | | | | | | | | | | | | | | | | | |
| СО | UNTRY OF INCORPORATION | | | | | | | | | | | | | | | | | | | | | | | | | |
| ΡI | EASE TICK THE APPL | ICA | BLE | ГАХ | RES | IDE | NT | DE | CLA | RAT | ΓΙΟΙ | N | | | | | | | | | | | | | | |
| | s "Entity" a tax resident of any o | | | | | | es | No | | | | | | | | | | | | | | | | | | |
| (If y | res, please provide country/ies in v | vhich t | the entity | y is a r | esiden | t for ta | ax pur | pose | s and | the a | ssoc | iated | Tax ID | Num | ber b | pelow) | | | | | | | | | | |
| | COUNTRY | | TAX | IDE | NTIF | ICA | TIO | N N | IUMI | BEF | ₹ * | | | | | IDI (TIN | ENT or o | | | | | | | | | |
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| | case Tax Identification Number is | | | , | | | | | | | .n | .m.k = : | on Clai | no! - | ntit. | lde:-! | ioct: - | n Ni. | mb - | | HINT | oto | | | | |
| | case TIN or its functional equivaler | | | | · | | | | | | | | | | • | | | | | | | | | املما | - | |
| ın | case the Entity's Country of In | corpc | oration / | ıax r | esiae | nce is | s U.S | b. but | Entit | y is i | not a | a Spe | citiea | U.S | . Pe | rson, | meni | ion | =ntit | y's e | xem | iptio | n co | ae n | ere | |
| | | | · · · · · · | | | D | | F. T. | | | | | | | | | | | | | | | | | | |
| PIE | ase refer to para3 (vii) Exemption | coae | for U.S. | persor | is una | er Paπ | 3 OT | FAIC | A Inst | ructio | ons & | Defin | ations | | | | | | | | | | | | | |
| | TCA & CRS Declaration | | | | | | | | | | | | | | | | | | | | | | | | | |
| (Ple | ease consult your professional tax | adviso | or for fur | ther gu | uidance | e on FA | ATCA | & CF | RS cla | ssific | ation | 1) | | | | | | | | | | | | | | |
| PA | ART A (to be filled by Financial | Institu | ıtions or | Direct | Repor | ting N | FEs) | | | | | | | | | | | | | | | | | | | |
| 1. | We are a, | GIII | N | | | | | | | | | | | | | | | | | | | | | | | 1 |
| | Financial Institution ³ | Not | te: If you | ı do no | ot have | a GIIN | N but | vou a | are sp | onsor | red b | v anot | her en | titv. r | oleas | e prov | ide v | our si | oons | or's G | SIIN a | abov | e and | indi | cate | _ |
| | or | | ır sonsoı | | | | | , | | | | , | | | | | , | | | | | | | | | |
| | Direct reporting NFE ⁴ (please tick as appropriate) | Nai | me of th | e spo | nsorin | a enti | itv | | | | | | | | | | | | | | | | | | | 1 |
| | (6.0000 00.000 066.06.000) | | | 1 | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | _ | | | | | | | | | | | | | | | | | | | | 1 |
| | GIIN not available (please tick as a | pplicat | . ' | | pplied | | | | | | | | | 40 | | | | | | | | | | | | |
| | if the entity is a financial institution, | L | Not re | • | | • | • | | • | 2 digit | ts sul | b - cat | egory | IU | | | | | | | | | | | | |
| | | | Not ob | tained | - Non | - partio | cipati | ng FI | | | | | | | | | | | | | | | | | | |
| PA | RTB (Please fill any one as a | pprop | riate "to | be fille | ed by N | IFEs of | ther t | than [| Direct | Repo | rting | NFEs | ;) | | | | | | | | | | | | | |
| 1. | Is the Entity a publicly traded con | | | | | vhose s | share | es | Yes | (if | yes, | please | specify | any c | ne st | ock exc | hange | on w | hich th | ne sto | ck is ı | regula | arly tra | ded) | | |
| | are regularly traded on an establi | snea s | secunties | s mark | No [| | | | Name | e of s | tock | excha | nge | | | | | | | | | | | | | _ |
| 2. | Is the Entity a related entity of a p | | | | | | | | Yes | (if | yes, pl | lease sp | ecify nam | e of th | e liste | d compar | ny and c | ne sto | ck exch | nange o | n whic | the : | stock is | regula | arly tra | ided) |
| | whose shares are regularly trade | d on a | n establ | ished s | securiti No | ies ma | ırket) | | Name | e of li | sted | comp | any | | | | | | | | | | | | | _ |
| | | | | | - [| | | | Natu | e of ı | relati | on: | Subsic | diary o | of the | Listed | Comp | any o | r 🗌 | Contr | olled | by a l | isted | Comp | pany | |
| | | | | | | | | | Name | e of s | tock | excha | nge _ | | | | | | | | | | | | | |
| 3. | Is the Entity an active non-finance | ial Ent | tity (NFE | :) | No | | | | Yes | | | | | | | | | | | | | | | | | |
| | | | | | INU | | | | Name | e of B | Busin | ess _ | | | | | | | | | | | | | | - |
| | | | | | | | | | Pleas | se spe | ecify | the su | ıb-cate | gory | of A | ctive N | IFE _ | ⊥ (| Ment | ion c | ode - | refe | r 2c | of Pa | rt D) |) |
| 4. | Is the Entity a passive ² NFE | | | | No | | | | Yes | | | | fill UBO | decla | aratio | n in the | next s | ection | 1) | | | | | | | |
| | | | | | | | | | Natu | | | | | | | | | | | | | | | | | |
| | | | ¹Refer 2 | of Pa | rt D 2 | Refer 3 | 3(ii) c | of Par | t D 3I | Refer | 1(i)c | of Part | D ⁴Re | efer 3 | 3(vi) | of Par | t D | | | | | | | | | |



Details of FATCA and CRS information (For Non-Individuals / Legal Entity)

| # If passive NFE, please provide below additional details for each of Co | ontrolling person. (Please att | ach additional sheets if necessary) |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| Name & PAN / Any other Identification Number PAN, Aadhar, Passport, Election ID, Govt. ID, Driving Licence, NREGA Job Card, Others) City of Birth - Country of Birth | Occupation Type - Service, Business, Others Nationality Father's Name - Mandatory if PAN is not available | DOB - Date of Birth Gender - Male / Female / Other |
| 1. Name & PAN City of Birth Country of Birth | Occupation Type Nationality Father's Name | DOB DD/MM/YY Gender Male Female Others |
| 1. Name & PAN City of Birth Country of Birth | Occupation Type Nationality Father's Name | DOB DD/MM/YY Gender Male Female Others |
| 1. Name & PAN | Occupation Type Nationality Father's Name | DOB DD/MM/YY Gender Male Female Others |
| # Additional details to be filled by controlling persons with tax residency * To include U.S. where controlling person is a U.S. citizen or green care. In caseTax Identification Number is not available, kindly provide functions. | d holder. | other country other than India |
| to any institutions such as withholding agents for the purpose of ensuring appropriate withholding from Should there be any change in any information provided by you, please ensure you advise us promy fit any controlling person of the entity is a U.S. citizen or green card holder, please include United State it is mandatory to supply a TIN or functional equivalent if the country in which you are resident issue PART C: Certification I/We have understood the information requirements of the Form (read alor Form is true, correct and complete. I /We also confirm that I/We have read in the country in th | otly, i.e. within 30 days. ates in the foreign country information field along with the U.S. Tax Indentification s such identifiers. If no TIN is yet available or has not yet been issued, please properties of the properties of | provide an explanation and attach this to the form. that the information provided by me / us on this |
| Name: | | |
| Designation: | | |
| Signature & Seal | | |
| | | |

Website: navimutualfund.com
 Toll free: 18002032131 Non Toll Free: +91 81475 44555



mf@navi.com



| Third Party Payment De | claration | (Sho | uld be | encl | osed v | with ea | ach pa | ayme | nt/SII | P En | rolme | nt) | | | |
|----------------------------------------------------|----------------------------------------|-----------------|------------|--------|---------------------|-----------|----------|-----------|---------|-----------------|------------------|------------|------------|-----------|----------|
| Payments by : Parents Employ | /Grand P er | arent | s/Rela | ited I | Persor | ns othe | er thar | n the | Regi | stere | ed Gu | ardia | ın/Cu | stod | an / |
| Maximum Value : Not Ex | ceeding | Rs. 5 | 0,000 | /- (ea | ach reg | gular p | urcha | ise oi | per | SIP i | install | lmen | t) | | |
| Application and Paymen | t Details | (All d | etails | belov | w are r | manda | atory, i | nclud | ding r | elatio | onshi | p, PA | N, K | YC) | |
| Folio No. Application Form Beneficiary Name | | | | | | | | | | | | | | | |
| Beneficiary Name | | | | | | | | | | | | | | | |
| Investment Amount (Rs.) | | | | | | | | | | | | | | | |
| Investment Amount (Rs.) Payment Cheque No. Dated | | | | | | | | | | | | | | | |
| Cheque Drawn on Ban | k | | | | | | | | | | | | | | |
| Cheque Drawn on A/C | No. | | | | | | | | | | | | | | |
| Declaration and Signat | tures | | | | | | | | | | | | | | |
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| RELATIONSHIP OF TH | HIRD PA | RTY | WITH | THE | BEN | IEFIC | IAL IN | IVES | TOR | (Refer | Instruction | n No. 3) [| Please • (| ") as app | licable) |
| Status of the Beneficial Investor | Minor | | | F | FII • Clie | nt | | | | _ E | Employ | /ee (s |) | | |
| Relationship of Third Party | Parent | t | | | Custodi | an | | | | E | Employ | /er | | | |
| with the Beneficial Investor | GrandRelate | | | | SEBI Re Registra | • | | of Cus | stodiar | 1 | | | | | |
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| | | (| Please spe | | | | | | | 4 | | | | | |
| Declaration by Third Party | I/We de payment n | clare nade o | | | I/We of made of | | | | | - 1 | /We de nade o | | | | |
| , , , , , , , , , , , , , , , , , , , | minor is in | consi | deratior | n of | Source provided | of this p | oaymen | it is fro | | ds u | inder Plans | Syster | | Inves | tment |
| | as a gift. | e anu a | anection | 101 | provided | a to us i | Ју ГІ/С | ilent | | | Peducti | | ougn | Г | ayroll |
| Income tax PAN | | | | | | | | | | | | | | | |
| KYC Acknowledgement | | Attad (Mar | | for a | ny amo | unt) | | | | ttache Manda | ed atory fo | or any | amou | unt) | |
| Signature | | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | | |
| Contact No. | | | | | | | | | | | | | | | |
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Banker's Certificate in case of Demand Draft/Pay Order/Any Other Pre-Funded Instrument issued against cash less than Rs. 50000/- only

To whomsoever it may concern We hereby confirm the following details regarding instrument issued by us: **Instrument Details Instrument Type Demand Draft** Pay Order/Banker's Cheque **Instrument Number** Date **Instrument Amount (Rs.)** In Favour of/ Favouring Payable At Request received from: Name of the Requestor Address of the Requestor PAN (if available) Branch Manager/Declarant (s): Signature: Name: Address: Bank & Branch Seal City: _____ Pin : _____ Country: Contact No.



Banker's Certificate in case of Demand Draft/Pay Order/Any Other Pre-Funded Instrument (when investor has bank account in issuing bank)

| We hereby co | | | | | | | | | CON(g inst | | | sue | d by | us: | : | | | |
|------------------------------------------------------------------------------------|--------|--------|--------|------|-------|-------|-------|-------|------------------|---------|--------|---------|-------|--------|-------------|-----------|------|------|
| Instrument Type | | Den | nand | Draf | ft | | Pay | Orde | r/Bank | ker's C | heq | ue | | | | | | |
| Instrument Number | | | | | | | | | Date | 9 | | | | | | | | |
| Instrument Amount (Rs.) | | | | | | | | | | • | | • | | | • | | | |
| In Favour of/ Favouring | | | | | | | | | | | | | | | | | | |
| Payable At | | | | | | | | | | | | | | | | | | |
| Details of Bank Account D | Debit | ed fo | or is: | suin | g the | e ins | trum | ent: | | | | | | | | | | |
| Bank Name | | | | | | | | | | | | | | | | | | |
| Bank Account Number | | | | | | | А | cco | unt ['] | Тур | е | | | | | | | |
| Account Holder Details | | | | | Na | ame | | | | | Inc | om | e Ta | x PA | N | | | |
| 1. | | | | | | | | | | | | | | | | | | |
| 2. | | | | | | | | | | | | | | | | | | |
| 3. | | | | | | | | | | | | | | | | | | |
| If the issuing Bank Branc | h is d | outs | ide I | ndia | : | | | | | | | | | | | | | |
| We further declare that we | e are | regi | ister | ed a | s Ba | nk/b | ranc | h as | menti | oned l | belo | w: | | | | | | |
| Under the Regulator | (Na | me d | of the | e Re | gulat | or) | | | | | | | | | | | | |
| In the Country | (Cc | untr | y Na | me) | | | | | | | | | | | | | | |
| Registration No. | (Re | gistr | ation | No. |) | | | | | | | | | | | | | |
| We confirm having carried out the funds received from him, a in our country. | | | - | | | | _ | | _ | | | | • | | | | | |
| Branch Manager/Declarant | (s): | | | | | | | | | | | | | | | | | |
| Signature: | | | | | | | | | | | | | | | | | | |
| Name: | | | | | | | | | | | | | | | | | | |
| Address: | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | Ban | k & Br | anch | se | al | | | | | |
| City: | Sta | ate: . | | | | | | Pi | n : | | | | | | | | | |
| Country: | | | | | | (| Conta | act N | 0 | | | | | | | | | |
| Note: Bankers' certificate suggested a confirm to the spirit of the requirements | | | | | | | | | | Bank Le | tters/ | Certifi | cates | /Decla | aratior | 1S, W | hich | will |

Toll free: 18002032131 Non Toll Free: +91 81475 44555

